

**Testimony of Stacy Heller**  
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Project Director, U.S. Department of Education: OSDFS Student Drug Testing Grant  
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Good afternoon, my name is Stacy Heller. I am a student assistance counselor at Hackettstown High School where I have worked for the past 12 years. I am a certified substance awareness coordinator as well as a Licensed Professional Counselor, LPC. I have work in the field of substance abuse and student assistance for the past 17 years. I have both clinical and school experience. There have been very few occasions in my career that I have become so passionate about a program. For the most part, in this field, I believe it is less the programs that make the difference, and more the people who facilitate the programs and the relationships developed that is the impetus for change. I find myself so passionate about Random Student Drug Testing (RSDT) for just the opposite reason. Thus far, this program has proven to be easily replicated, easily sustained, and lastingly effective. Districts do not have to rely, alone, on one individual's expertise, personality or dedication in order to bring about a change in the substance abusing behaviors of their students both in school and in their communities. We now have another tool in our arsenal. A tool that currently is proving to be a very effective method for : deterring use, delaying the onset of use, reducing the harmful effects of use, and decreasing positive attitudes toward use. There have been rare occasions when use has not been deterred by our program (2 times in the last 3 years). When that happens, I do not make a diagnosis of any kind based on those confirmed and medically reviewed results. This program is in place for the aforementioned reasons as well as to help parents detect use. When use has been detected we work in collaboration with the student, family, community providers, etc. to meet the individual needs of that students. An individual who tests positive is never held out of academic pursuits, and once a clean screen is provided, he/she is allowed to return to our district co-curricular activities and parking. We take a holistic approach to the student's needs, in most cases, a positive drug screen does not equal required treatment. Over my past years in this field I have seen many individuals with alcohol and substance abuse related problems, but less addiction diagnosis that one might imagine. Our RSDT Program is not intended as a treatment tool for addiction, just the opposite. The intent our program is to deter, delay and detect use. Nothing more. It is our comprehensive student assistance program that provides the intervention and referral services, and as such I believe the State would be better served by requiring that schools have a strong student assistance program in place prior to the implementation of a RSDT Program rather than requiring districts to become licensed clinical laboratories. Which brings me to an important question. What is the big concern over these regulations? The intent of these proposed regulations as stated by Ms. Davy, Commissioner, are to **assists schools that chose to adopt a RSDT Program, assist district boards of education** in fulfilling their obligations, and **enhance our capacity to establish** and maintain safe, orderly learning environments... . The intention is good. Help us develop programs of effectiveness and integrity, we welcome that.



**I submit to you that the outcome of these proposed regulation will not be as you intended.**

Our district, and many other districts in NJ have well established programs of integrity and effectiveness. We utilized nearly all the requirements laid out in these proposed regulations in our implementation process. Our district for example :

- Held public forums for 1 year prior to the adoption of our policy and implementation of our program.
- Advertised the forums as well as the intent of those forums.
- Made available upon request, copies of the proposed policies.
- Limited the collection of specimens for alcohol or other drug testing to our certified school nurse.
- Assumed responsibility for all costs related to the testing process.
- Ensured that our RSDT Program is separate and distinct from the under suspicion testing.
- Provided written as well as verbal notice to all students and their parents at the beginning of each school year that the active consent of students and parents for RSDT testing is required for participation in co-curricular activities and campus parking.
- Developed a policy (that has since become a national model) that addressed the following:
  - Testing Coordinator
  - Eligibility for Testing
  - Testing Procedures
  - Collection of Samples
  - Notification of Testing and Testing Results
  - Consequences
  - Consequences of a Confirmed Positive
  - Appeal Procedure
  - Forms: Consent to Test Form and Activity Drop Form
- Within our policy we addressed confidentiality, consequences for violation of confidentiality, we even have our staff sign confidentiality agreements.
- Maintained that our program is NON-PUNITIVE, consequences are limited to removal from activities until a clean screen is provided and the student engages in our student assistance services. No loss of academic time.

Basically, we made every conceivable attempt to develop a program of integrity from beginning to end. Our program has a strong foundation and is proving effective. We are in our third year of a grant from the US Department of Education: Office of Safe and Drug Free Schools. Each year we have met or exceed the GPRA measures of decreasing the monthly and yearly incidence of use by 5% annually. Our program is embraced by our students, our staff and our community. It works.



So what is the problem? Your new regulations, specifically 6A:16-4.4 part ( c ), That states:

*Each district board of education shall provide for the collection and testing of alcohol or other drug specimens by selecting one of the following methods, in accordance with NJSA 45:9-42.26 et seq. and NJAC 8:44 and 8:45: .....*

Will not assist local district and will not enhance our abilities to develop this program. Why the Random Student Drug Testing Programs must follow the Department of Health Regulations is beyond me. I have spent several hours talking to numerous people from all levels at the Department of Health and it appears that the only reason for their involvement in this is the "wording" of the regulations part (b) 1. Where it states the following:

*A statement that the purposes of the alcohol and other drug testing policies are to deter alcohol and other drug use and to provide a means for the early detection of student with alcohol of other drug problems so that referral for evaluation or referral for treatment, .....or other appropriate assistance may be offered.*

Reportedly, the wording above and the inclusion of the word treatment, is the reason for the Department of Health's involvement. The belief, on their part, that these tests "initiate treatment" is the overriding reason for their reported involvement. Again, I submit to you that the results of these tests do not initiate the treatment. The RSDT Program is to deter, delay and in the absence of those, detect use. Not for treatment purposes but for preventative purposes. The student assistance programs, and the certified substance awareness coordinators are the venue for intervention and referral, NOT the RSDT Programs.

Let's take a look at two issues alone, I choose these for time sake and because they were key issues for our district during our year long exploratory process. Is the Random Student Drug Testing Program sustainable relative to both staffing and funding resources? The answer at the time was yes. With the new regulations, I can not say we would have come to that same conclusion.

Currently, we utilize our nurse for the collection and on-site testing. Our SAC, myself, is the designated testing coordinator. Our technology staff is responsible for the random selection of the numbers. We all work together, and around each others schedules; as well as around the students schedules to develop the best testing times. Because of that freedom, we can easily test 6 students a week with little disruption to the direct service provided by the SAC or Nurse. Additionally, we provided little disruption to the academic endeavors of the student. The process, when smooth, can be done in less than 10 minutes per individual. That includes parent notification, specimen collection, on-site testing and when necessary chain-of-custody procedures for confirmation. Relative to funding, we estimate that our district can run our program for less than \$1500 if we test the minimum 10% of our population. If we choose to test up to 25% of our population,



which may provide an increased deterrent effect, our cost would increase to less than \$3500. This cost is less than some assemblies and has a much more lasting effect on our entire student population.

Fast forward to January and how our program looks with the new regulations. Staffing resources could easily be consumed by the clinical laboratory licensing process alone. There are no less than 4 separate applications, most of which it seems schools do not meet even the most minimum of the stated requirements. A proficiency testing provider will need to be contracted with and a schedule developed and adhered to whereas our nurse will need to participate in 3 reviews with 5 challenges per review. Meaning that 3 times a year, one of which falls in the summer, 5 urine specimens will be sent to our "lab" and the specimens will be tested by our on-site test and returned for review. Not all together a bad process... but none the less, time consuming. An application will need to be filled out for the proficiency review, more time. Funding for our program will increase by at least \$600. This may not seem like a lot, but to a small district already strapped financially, it will make a difference. Either we will no longer consider the program to be financially sustainable and stop. Or, we will be forced to compromise the integrity of the program and in turn the effectiveness of the program by limiting the number of tests done a year. To what end? It appears to me, albeit a lay person, that the Department of Education Random Student Drug Testing Programs could easily qualify for exemption status.

1. The tests we use are CLIA Waived and, if so recognized by the NJ Department of Health, exempt for the requirement of clinical laboratory licensing.
2. The purpose of the screen is to detect the presence of alcohol or illegal substances. Similar to the Department of Justice and they are exempt from clinical laboratory licensing.
3. Our district follows Substance Abuse and Mental Health Services Administration (SAMSHA) guidelines and SAMSHA Labs are exempt from licensing.
4. According to 42 CFR Ch. IV 493.3 The Secretary may modify the application of such requirements as appropriate.

I encourage the State Board of Education to hold off on approving the proposed regulations. Take time to explore the option of exemption status from the Department of Health. Based on my conversations individuals in that department are open to this possibility. Convene a task force, with leaders in this field to be sure that the intent of your regulations will in fact be the outcome. New Jersey is a leader in the field of student assistance. I am proud to work in New Jersey. Other states look to us to develop best practices and they are watching now. These regulations could have an unintended effect not only on programs throughout our state, but throughout the country. That will be a great loss for the young people who are counting on us to help them navigate through their school years with the least number of obstacles in the way of their success.

Thanks for your time. Thanks for listening. Please do the right thing.